

June 25, 2008

Montana Healthcare Programs Notice

Dental Providers

Fee Schedule and Claim Forms

Effective July 1, 2008, dental, denturists, oral surgeon, and dental hygienist provider reimbursement rates have increased. The increase will raise the conversion factor from \$30.85 to \$31.27.

Please note that one code within the dental fee schedule will have an exception to the overall conversion factor. Based on provider feedback the Department has determined dental code D1206 (therapeutic application of fluoride varnish) was previously set at an erroneous level. The Department proposes to set the fee at a calculated rate of 85% of the average usual and customary fee billed to the Department in SFY07. The Department has changed the rate from \$80.21 to \$28.16 for procedure code D1206.

The new fee schedule is posted at www.mtmedicaid.org.

Reminder—Dental Claim Forms

Providers submitting claims on paper are now required to use the ADA dental claim form with a copyright date of 2006 or later. This will standardize claim information so the Department can utilize ACS's optical character recognition system to process dental claims. This requirement is intended to increase paper claim processing efficiency.

The Department encourages providers who bill on paper to consider changing to an electronic method of claims submission. Please visit the "Electronic Billing" section of www.mtmedicaid.org for details and contact Provider Relations if you need further assistance.

Contact Information

For claims questions or additional information, contact Jan Paulsen, Dental Program Officer, at (406) 444-3681 or jpaulsen@mt.gov or call Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>